STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58 Washburn, WI 54891 (715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

BAXFIELD COUNTY, WISCONSIN

APPLICATION FOR PERMIT

5

Permit #

9 0 Dalke:

Amount Paid

8-8 Sult 1,00 D 9-8-K

THE STATE OF THE S Refund:

Bayfield Co. Zoning Dept

001 13 2016

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO Address of Property: Proposed Existing Structure: (If permit being applied fo S * include donated time & TYPE OF PERMIT REQUESTED-> ' Non-Shoreland ☐ Shoreland Authorized Agent: Contractor Residential Use of Completion Value at Time PROJECT LOCATION Desnois FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Municipal Use Commercial Use 5 Proposed Use 5 Section Ob 700 Construction 1/4, 00 K Short (V) □ Run a Business on N Legal Description: (Use Tax Statement) \square Is Property/Land within 1000 feet of Lake, Pond or Flowage Relocate (existing bldg) Conversion Addition/Alteration **New Construction** Is Property/Land within 300 feet of River, Stream reek or Landward side of Floodplain? とらろ De stre 2000 , Township Project ☐ LAND USE Special Use: (explain) Mobile Home (manufactured date) Residence (i.e. 2 Bunkhouse w/ (□ sanitary, or Principal Structure Other: (explain Conditional Use: (explain) Accessory Building Addition/Alteration (specify) Accessory Building Addition/Alteration Gov't Lot behalf of Owner(s)) N, Range O for is relevant to it) Z with a Porch with (2nd) Porch and/or basement with a Deck with (2nd) Deck with Attached Garage with Loft 2-Story No Basement Basement 1-Story + Loft # of Stories Foundation Lot(s) (first structure on property) (specity) hunting shack, APPLICANT. City/State/Zip: ٤ Contractor Phone Agent Phone: Burres If yes-If yes---continue 2 **Proposed Structure** TOUR MELS Length: Length: Year Round sleeping quarters, (incl. Intermittent) continue Seasonal PRIVY 807 Use town of (specify) Burres 5 Agent Mailing Address (include City/State/Zip): State Atta STOC 10000 | Recorded Document: (i.e. Plumber: 19 S. CONDITIONAL USE Distance Structure is from Shoreline : Distance Structure is from Shoreline: S bedrooms P None 'n 오 # 54873 \$ City/State/Zip food Width: Width: □ None X Sanitary (Exists) Specify Type: Francial Stol Portable (w/service contract)
Compost Toilet Block(s) No. Privy (Pit) or (New) Sanitary Municipal/City prep facilities) SPECIAL USE Sewer/Sanitary System Is on the property? What Type of Subdivision: feet 188 F Specify Type: Vaulted (min 200 gallon) 2 **Dimensions** Date Is Property in Floodplain Zone? B.O.A. × \times × × × \times × \times $\times |\times| \times |\times|$ Height: Height: □ Zo Yes Cell Phone: 25 Written Authorization Plumber Phon Telephone: 715-8メールの7 Yes U N Acreage Page(s) 75 12KS-12K-O. OTHER Are Wetlands 5 2 28 018 Footage Square Present? Ownership) □ Zo Water Well City

Date Ö

	(If there are Multiple Owners Isted t	Owner(s):
The state of the s	sted on the Deed 41 Owners must Ignor letter(s) of authorization must accompany this application)	
_		P=4

Address to send permit (If you are sign

fing on behalf of the owner(s) a let

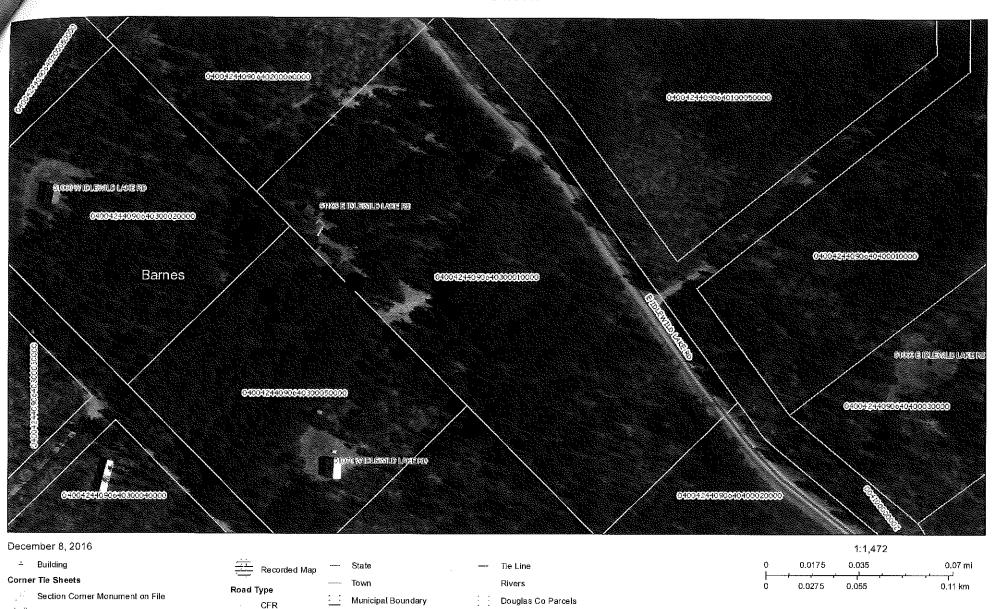
er of authorization must accompany this application)

Attach
Copy of Tax Statement
roperty send your Recorded Deed

Date of Approval:	Hold For Fees:	Affidavit:	Hold For A	Claus Hold For TBA: □	Signature of inspector:
Date of Ke-inspection:		(If <u>No</u> they need to be attached.)	Yes □ No	Board Conditions Attached? Board Conditions Affactual Cond Affactual	Condition(s): Town, Committee or E
Zoning District (/) Lakes Classification ()	Zonin				
s ¬□ No	Were Property Lines Represented by Owner Was Property Surveyed A Yes	Were Property Li		eated	Was Parcel Legally Created Was Proposed Building Site Delineated
	□ Yes □ No Case #:	Previously,Granted ☐ Yes ☐ No		Case #:	Granted by Variance (B.O.A.) □ Yes ¼ No * Cas
Affidavit Required	□ Yes Zwo	<i>b</i>		Yes (Deed of Record) Yes (Fused/Contiguous Lot(s)) Yes	
		0-10	Reason for Denial: Permit Date: 3		Permit #: 기-/
Sanitacy Dates	# of bedrooms: Sanita	404353	Sanitary Number: 4	ty Use Only)	Issuance Information (County Use Only)
Privy (P), and Well (W). in. Illing Code.	Nake or Mark Proposed Location(s) of New Construction, Septic Tank (ST). <u>Drain field (DF)</u> , <u>Holding Tank (HT)</u> , <u>Privy (P)</u> , and <u>Well (W)</u> . NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	tion, Septic Tank (ST). Di from the Date of Issuance ALL Municipalities Are Re e or Federal agencies may	(s) of New Constructs Expire One (1) Year wo Family Dwelling: wn, Village, City, State	E: All Land Use Permit uction Of New One & 7 The local To	(9) Stake or Mark NOTICE For The Constru
rust be measured must be visible from ed site of the structure, or must be	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a literased surveyor at the owner's expense.	t from the minimum required setb. by use of a corrected compass fro	but less than thirty (30) feet eriflable by the Department	icture more than ten (10) feet eviously surveyed corner, or v xpense.	he placement or construction of a struiously surveyed corner to the other pre y, a licensed surveyor at the owner's ey
le from one previously surveyed corner to the	boundary line from which the setback must be measured must be visible fro	# W	Feet he minimum required setback, ner's expense.	iosting) Incture within ten (10) feet of the alicensed surveyor at the owner.	Setback to Privy (Portable, Composting) Feet Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Feet		et Setback to Well	Feet	gTank	Setback to Septic Tank or Holding Setback to Drain Field
Feet Yes No Feet	Vetland 3 on property odplain		Feet 3% Feet		Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line
) Feet Feet Feet	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff		<i>∆] ?</i> Feet	latted Road ht-of-Way	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way
Measurement	Description		iremen		Description
d by the Planning & Zoning Dept.	Changes in plans must be approved b	Q	t point)	te (1) – (7) above (prior to continuing) Setbacks: (measured to the closest point)	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest)
			₹	See map	
rivy (P)	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage All Existing Structures on your (*) Well (W); (*) Septic Tank (5 (*) Lake; (*) River; (*) Stream/ (*) Wetlands; or (*) Slopes ove		(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):

Draw or Sketch your Property (regardless of what you are applying for)

Ullom



Ashland Co Parcel

Section Lines

Meander Line

Approximate Parcel Boundary

County

Federal

Private

Section Corner Monument Referenced on Survey

Survey Maps

UnRecorded Map

Web AppBuilder for ArcGIS Bayfield | Bayfield County |

Bayfield

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning D
PO Box 58
Washburn, WI 54891
(715) 373-6138 TII. (477 ŭ. Commence of

INSTRUCTIONS: No permits will be iss Checks are made payable to: Bayfield DO NOT START CONSTRUCTION UNTIL

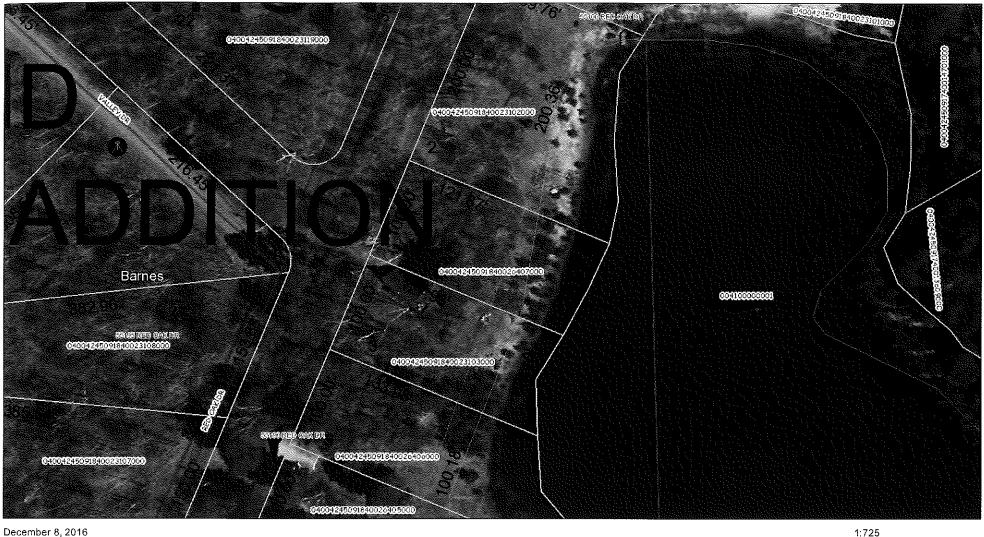
		TO ADDITO ANY	AL DEBNITC HAVE BEEN ICCUENTO ADDITO ANT
	FATTARE Refund:	Bayfield Co. Zoning Dept.	ued until all fees are paid. County Zoning Department.
\$175 9-23-16	Amount Paid:	SEP 23 2016 SUPER CO	
0317)8 20 (Chate)	BAYHELD COUNTY WHICH THE OB 20 (Bately)	Depart.
17-0014	Permit #:	APPLICATION FOR PERMIT	

Discrete Cost (explain)		☐ Accessory Building Addition/Alteration (specify) '	Wunicipal Use		Mobile Home (manufa	Bunknouse W/ (L. sanitary, or L. sieeping quarters, or L.	With Attached Galage	Commercial Use	with (2 nd) Deck	with a Deck		Residential Use with a Parch	Residence (i.e. cabin, numung snack, etc.)	Principal Structure (first structure on property)	100	Proposed Construction: Length: Width:	for is relevant to it) Length:	X Shart & 70)	Property Foundation	siness on No Basement None	Relocate (existing bidg) Basement	⅓ 2-Story □ □ □ 3 ⅓	n ☐ 1-Story+Loft 😾 Year Round 📈 2 📗 🗆	☐ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Muni	Value at Time of Completion Project # of Stories * Include and/or basement Use bedrooms material	□ Non-Shoreland		Take Pond or Flowage Distance Structure	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? (# yesconfigure	Section 10, lownship 1) N, Kange C w Back Neb	I Town of:	1/4,1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s	Legal Description: (Use Tax Statement) 04 34-2-45-01-18-4	PIN: (23 digits)	: (Person Signing Application on behalf of Owner(s)) Agent Phone:	Contractor Phone: Plumber:	Red Dur Dr Barnes	Address of Property: City/State/Zip:
	- And Andready Comments and the Company of the Comp		γ)	y)	date)	reeping quarters, or		- Prago					ig snack, etc.)	ucture on property)	Proposed Structure			C		None] 1	Use of Se					barn	Town of:	Vol & Page Lot(s) No. Block(s) No.	364-2-45-08-18-4-07000	MWW SOLKICO A SKIND	Ag Ag		res est	City/State/Zip:
× ×		(x)	~ ×	×	×	\ \ \	\ :	×	(x)	×	×	×	x x	X X	Dimensions	Height:	Height:		iet	ervice contract)	r Vaulted (min 200 gallon)	sts) Specify Type:	ry Specify Type:	Ÿ	What Type of Sewer/Sanitary System Is on the property?		Ä		line : Is Property in feet Floodalain Zone?	2		subdivision: 12ed Fux and to		3 8	Written . Attached	Plumber Phone:		Cell Phone:

Address to send permit _ Authorized Agent: (If there are Multiple Owners listed on the Dee (If you are signing on behalf of the Mund All)Dwners must sign ner(s) a letter of authorization 00 tter(s) of a Suz Z 8 ization must accompany this application) st accompany this application) 1) Num round with 548 3 topy of Tax Statement
If you recently purchased the property send your Recorded Deed Date Date

Signature of Inspector: Hold For TBA:	Condition(s): Town, Committee or Board Conditions Attached? Mast get hall appropriate appropriate to the conditions of the condition of the conditions of t	Date of Inspection:	ated at	Granted by Variance (B.O.A.) Yes No Case #:	Lot Yes	Permit #: 17-00/4	Issuance Information (County Use Or Permit Denied (Date):	(9) Stake or Mark Proposec NOTICE: All Land For The Construction Of Notice T	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ter	Setback to Septic Tank or Holding Tank	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line	Setback from the Established Right-of-Way	Setback from the Centerline of Platted Road	Description	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)		(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
TBA: Hold For Affidavit:	n√es □€o-	Inspected by:	Pres DNo		(Deed of Record) (Fused/Contiguous Lot(s)) ZNo	Permit Date: 0-3-	Only) Sanitary Number: 48 43 49	I Location(s) of New Construction, Use Permits Expire One (1) Year from ew One & Two Family Dwelling: ALL N he local Town, Village, City, State or F	marked by a licensed surveyor at the owner's expense. on of a structure more than ten (10) feet but less than thirty (30) feet from it the other previously surveyed corner, or verifiable by the Department by use or nowner's expense.	Feet Feet Setback, the			90 Feet	Feet		Measurement	o continuing) the closest point)	Attachad	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Show any (*): (8) Show any (*): (9) Show any (*): (10) Show any (*): (11) Show any (*): (12) Show any (*): (23) Show any (*): (24) Oriveway and (*) Frontage Road (Name Front Front Show any (*): (25) Show any (*): (27) Show any (*): (28) Show any (*): (29) Show any (*): (20) Show any (*): (30) Show any (*): (41) Show any (*): (42) Show any (*): (43) Show any (*): (44) Show any (*): (45) Show any (*): (47) Show any (*): (48) Show any (*): (49) Show any (*): (49) Show any (*): (40) Show any (*): (41) Show any (*): (42) Show any (*): (43) Show any (*): (43) Show any (*): (44) Show: (45) Show any (*): (47) Show any (*): (48) Show any (*): (49) Show any (*): (40) Show any (*): (41) Show any (*): (41) Show any (*): (42) Show any (*): (43) Show any (*): (43) Show any (*): (44) Show any (*): (45) Show any (*): (47) Show any (*): (48) Show any (*): (48) Show any (*): (49) Show any (*): (49) Show any (*): (49) Show any (*): (49) Show any (*): (40) Show any (*): (41) Show any (*): (41) Show any (*): (42) Show any (*): (43) Show any (*): (44) Show any (*): (45) Show any (*): (47) Show any (*): (48) Show any (*): (
vit: Hold For Fees:	(If <u>No</u> they need to be attached.)		Were Property Lines Represented by Owner Was Property Surveyed	Previously, Granted by Variance (B.O.A.) ☐ Yes , P No	Mitigation Required UYes ZNo Mitigation Attached UYes ZNo	1)	42 49 # of bedrooms:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Exer from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	he minimum required setback, the boundary line from whi of a corrected compass from a known corner within 500 fe	boundary line from which the setback must be measured must be visik	Setback to Well	20% Slope Area on property Elevation of Floodplain	Cothook from Motland	Setback from the River, Stream, Creek	Setback from the Lake (ordinary high-	Description	Changes in plans must be approve		Proposed Construction (*) Or Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Date of Approval: \[Z\/\mu\]		Zoning District (K Lakes Classification (3 Date of Re-Inspection:	□ Yes	#	Affidavit Required		Sanitaby Pale - 03	<u>(Tank (HT)</u> , <u>Privy (P)</u> , and <u>Well.</u> (W). has not begun. Uniform Dwelling Code.	ich the setback must be measured must be visible eet of the proposed site of the structure, or must	must be visible from one previously surveyed corner to the		Yes			water mark) /Oo	Measurement	e approved by the Planning & Zoning Dept.		
	\$		\$ \$ \$		8/8 J/J				from	er to the	Feet	No Feet	5	Feet	Feet	t	Dept		, and

Johnson



∸ Building Corner Tie Sheets Section Comer Monument on File Section Corner Monument Referenced on Survey Survey Maps UnRecorded Map

Recorded Map Road Type

CFR

County

Federal

--- Private

Town Municipal Boundary

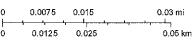
Rivers Douglas Co Parcels Ashland Co Parcel

Tie Line

Approximate Parcel Boundary

Meander Line

1:725



Bayfield

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